

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER 02-01	2. STATE: ILLINOIS
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: 1-1-02	

5. TYPE OF PLAN MATERIAL (Check One)


☐ NEW STATE PLAN☒ AMENDMENT TO BE CONSIDERED AS NEW PLAN☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

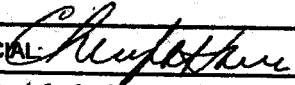
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT a. FFY 02 \$ (\$2,942,000) b. FFY 03 \$ (\$10,174,000)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B Pages 22 and 23	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19B Pages 22 and 23

10. SUBJECT OF AMENDMENT:

OUTPATIENT

11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Not submitted for review by prior approval.
12. SIGNATURE OF AGENCY OFFICIAL: 	16. RETURN TO: ILLINOIS DEPARTMENT OF PUBLIC AID 201 SOUTH GRAND AVENUE, EAST SPRINGFIELD, IL. 62763-0001 ATTENTION: John Rupcich	
13. TYPED NAME: Jackie Garner		
14. TITLE: DIRECTOR		
15. DATE SUBMITTED		

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 2/8/02	18. DATE APPROVED: 3/19/02
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME Cheryl A. Harris	22. TITLE Associate Regional Administrator Division of Medicaid and Children's Health
23. REMARKS:	

RECEIVED

FEB 03 2002

State Illinois

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -OTHER TYPE OF CARE -BASIS FOR
REIMBURSEMENT

ij. Pediatric Outpatient Adjustment Payments

Pediatric Outpatient Adjustment Payments shall be made to all eligible hospitals excluding county-owned hospitals and hospitals organized under the University of Illinois Hospital Act, as described in Section c.8. of Chapter II, for outpatient services occurring on or after July 1, ~~1998~~ 1997, in accordance with this Section. The provisions described in this Section will be effective through June 30, 2002.

i. To qualify for payments under this Section, a hospital must:

- A. be a children's hospital, as defined in 89 Ill. Adm. Code Section c.3. of Chapter II and,
- B. have a Pediatric Medicaid Outpatient Percentage greater than 80% during the Pediatric Outpatient Adjustment Base Period.

ii. Hospitals qualifying under this Section shall receive the following amounts for the Pediatric Outpatient Adjustment Rate Year:

A. For Illinois hospitals with a Medicaid Inpatient Utilization Rate (MIUR) that is less than 75% during the Pediatric Outpatient Adjustment Base Period, the product of;

- 1. the hospital's MIUR plus one, multiplied by,
- 2. the number of Pediatric Adjustable Outpatient Services, multiplied by
- 3. ~~\$156~~ \$185 .

07/98

B. For Illinois hospitals with an MIUR that is greater than 75% during the Pediatric Outpatient Adjustment Base Period, the product of;

- 1. One and one-half the hospital's MIUR plus one, multiplied by,
- 2. the number of Pediatric Adjustable Outpatient Services, multiplied by
- 3. ~~\$156~~ \$185.

07/98

07/98

C. For out of State hospitals with an MIUR that is less than 75 percent, the product of:

- 1. The hospital's MIUR plus 1.15, multiplied by,
- 2. The number of Pediatric Adjustable Outpatient Services, multiplied
- 3. by,
\$156

TN # 02-01

APPROVAL DATE

MAR 19 2002

EFFECTIVE DATE 01-01-02

SUPERSEDES
TN # 01-22

State Illinois

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPE OF CARE - BASIS FOR REIMBURSEMENT

- 07/98 iii In addition to the reimbursement rates described in subsection ii. above, hospitals that have an MIUR that is greater than 80% during the Pediatric Outpatient Adjustment Base Period shall receive and additional \$211,450 ~~\$250,000~~ during the Pediatric Outpatient Adjustment Rate Year.
- iv. ~~Adjustments under this Section shall be paid on a quarterly basis.~~ Adjustments under this Section shall be paid at least quarterly. For the remainder of the rate year occurring in State fiscal year 2002, total payments will equal the result of the following calculations:
- A. The total payments resulting from payment methodologies in effect on January 1, 2002, will be reduced by the total payments calculated from the payment methodologies that were in effect on December 31, 2001.
- B. The difference from subsection (A) above will be divided by two and added to the total payments calculated from the payment methodologies that were in effect on December 31, 2001.
- C. The result of the calculation in subsection(B) above will be reduced by the actual payments each hospital already received from the period beginning July 1, 2001, and ending December 31, 2001, to produce the total payments for the remainder of State fiscal year 2002.
- v. Definitions
- A. "Medicaid Inpatient Utilization Rate (MIUR)," as used in this Section, has the meaning as defined in

TN # 02-01

APPROVAL DATE MAR 19 2002

EFFECTIVE DATE 1/1/02

SUPERSEDES
TN # 98-14